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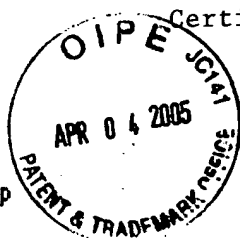
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23370 7590 03/15/2005

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04/05/2005 MBELETE2 00000107 10008998
01 FC:2501

700.00 OP



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Angela M. Rossi	(Depositor's name)
<i>Angela M. Rossi</i>	(Signature)
April 1, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/008,998	12/04/2001	Werner Blohm	48619/265797	5762

TITLE OF INVENTION: METHOD FOR MEASURING THE DIAMETER OF AN ELONGATED ARTICLE OF A CIRCULAR CROSS SECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$35	\$0	\$35	06/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROSENBERGER, RICHARD A	2877	356-635000

Adjustment date: 04/05/2005 MBELETE2
05/26/2004 AMUNDAF2 00000061 10008998
01 FC:2501 -665.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Stockton LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SIKORA INDUSTRIELEKTRONIK GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Federal Republic of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0895 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

James L. Ewing, IV

Date

April 1, 2005

Typed or printed name

Registration No.

30,630

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